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JAMAICAN FOUNDATION FOR LIFELONG LEARNING

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VOLUNTEER REGISTRATION FORM

PERSONAL INFORMATION

SURNAME

FIRST NAME **MIDDLE INITIAL(S)**

TITLE: *Miss* *Mrs.* *Ms.* *Mr.* *Dr.* *Prof* *Rev* *Other (Please Specify)*

GENDER M F

DATE OF BIRTH *(DD/MM/YYYY)* - -

TRN - -

HOME ADDRESS

TELEPHONE CONTACTS

Home - **Work** - **Mobile** - **Fax** -

E-MAIL

EMERGENCY CONTACT: (name and telephone numbers)

- -

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EDUCATION (Indicate highest level of education achieved – INSTITUTION/ AWARD/YEAR)

(Please attach a copy of the certificate/ diploma/ degree)

EMPLOYMENT: (Include the three most recent assignments)

ORGANISATION/ POSITION/ SUPERVISOR'S NAME/ SUPERVISOR'S NUMBER*(S)*

1

2

3

SKILLS & EXPERIENCE : Indicate area(s) of personal experience

(√ Tick all that apply, add DETAIL to the right

(a) Adult Education [ ]
(b) Social Work [ ]
(c) Administrative Management [ ]
(d) Counseling [ ]
(e) Other area(s) that might be relevant or helpful to the work of the JFLL. [ ]
Please specify:

VOLUNTEER EXPERIENCE (Include up to two assignments)

AGENCY / ROLE / SUPERVISOR's NAME / SUPERVISOR'S NUMBER(S)

1

2

AVAILABILITY: PLEASE indicate preferred days and times to serve.

The JFLL will from time to time host free training workshops in which you are encouraged to participate)

Day(s)	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Time(s)							

Applicant's Signature ***Date [DD/MM/YY]***

Referee's Signature ***Date [DD/MM/YY]***

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VOLUNTEER AGREEMENT

The volunteer agreement is intended to ensure an understanding between the management of the JFLL and volunteers of the applicable position description and the organisation's policies and procedures.

The Agency

The Jamaican Foundation for Lifelong Learning (JFLL) agrees to accept the services of

_____ beginning _____
[volunteer name] [date]

And we commit to…

1. Provide accurate and timely information, training, and assistance where needed
2. Ensure supervision and provide job assessment and feedback
3. Respect the skills, resources and individual needs of the volunteer.

The Volunteer

I, _____[volunteer name], agree to

serve as a volunteer with the JFLL in the advancement of adult education and commit to…

1. Perform volunteer duties as assigned to the best of my ability
2. Follow agency rules, policies, and procedures, including confidentiality of agency and client information and record keeping requirements
3. Meet time and duty commitments **OR** to provide adequate notice so that alternative arrangements can be made.

Both Parties

This agreement will remain in effect for a period not exceeding two (2) years, with renewal contingent upon an annual review process. Either party may terminate this agreement for any reason and at any time, but with consideration given to the likely impact on the organisation or the individual.

Agreed to:

_____ _____
JFLL Volunteer (SURNAME, First Name, Signature) Date

_____ _____
JFLL Manager (SURNAME, First Name, Signature) Date